

CLiP

15 minute Worksheet



Helping the patient with pain

1: What is pain?

Introductory level

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Aim of this worksheet

To consider general aspects of pain and pain relief.

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, and then turn to the Work page overleaf.
- Work any way you want. You can start with the exercises on the Work page using your own knowledge. The answers are on the Information page - this is not cheating since you learn as you find the information. Alternatively you may prefer to start by reading the Information page before moving to the exercises on the Work page.
- This CLiP worksheet should take about 15 minutes to complete, but will take longer if you are working with colleagues or in a group. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know.
- Take this learning into your workplace using the activity on the back page.

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What is pain?

Here are four definitions:

- *Pain is an unpleasant, sensory and emotional experience associated with actual or potential tissue damage, or described in terms of that damage (International Association for the Study of Pain- IASP).*
- *Pain is perceived along a spectrum from peripheral pain receptors to the cerebral cortex, and is modified at every step along its travel.*
- *Pain is a distressing experience for the patient.*
- *Pain is what the patient says hurts (Dame Cicely Saunders).*

The first definition sounds authoritative, while the last sounds simplistic (and ungrammatical!).

In practice, the last two definitions are probably the most helpful since only the patient can know what their pain is really like.

Causes of failure to relieve pain

Pain may remain untreated, or inadequately treated, for many reasons. Here are some of the reasons, with their consequences (you may have thought of some more):

Reasons	Consequences
Belief that pain is inevitable	Unnecessary pain
Inaccurate diagnosis of the cause	Inappropriate treatment
Lack of understanding of analgesics	Use of inappropriate, insufficient or infrequent analgesics
Unrealistic objectives	Dissatisfaction with treatment (by patients and carers)
Infrequent review	Rejection of treatment by patient
Insufficient attention to mood and morale	Lowered pain threshold

(Adapted from Twycross, *Update* 1972: 5: 115-121.)

Pain in cancer and non-cancer diseases

Pain in cancer is often overestimated, while it is often underestimated in other conditions.

In reality, around 60% of patients with advanced cancer get troublesome pain, and this figure is similar for COPD, cardiac disease and neurological disorders. The scandal for people with advanced, non-cancer disease has been that they are much less likely to be treated with strong analgesics for their pain. However, this has been recognised and many initiatives have now started that are addressing the issue of palliative care in non-cancer conditions.

Acute versus chronic pain

During their training most professionals meet patients with acute pain (eg. a fracture) and are much less likely to meet a patient with chronic pain (eg. neuralgia), let alone be taught how to manage such pain. Consequently it can be difficult to appreciate the differences between the effect of these different pains on the patient and their carer:

	Acute pain (eg. fracture)	Chronic pain (eg. neuralgia)
Patient	Obviously in pain Complains loudly of pain Understands why they have pain Primarily affects the patient	May only seem depressed May only complain of discomfort or may not complain at all May see pain as unending and meaningless Pain overflows to affect family and carers
Carer	Treatment is straightforward Parenteral analgesics acceptable Adverse effects acceptable Single treatments often work	Treatment may be complex Oral analgesics preferable Adverse effects unacceptable Multiple approaches usually needed

Principles

There are lots of possible principles from this first page. Here are three (you may have more):

- Pain is what the patient says hurts (or shows itself as a distressing experience)
- Most causes of unrelieved pain are caused by poor prescribing rather than poor response to analgesics
- Chronic pain cannot be treated in the same way as acute pain

We have all experienced pain, but there are some rare people who cannot feel pain. Think about how would you tell them about pain.

Reflect

How would you describe and define pain?

Despite 30 years of developing effective pain-reducing treatments, some patients still report having distressing pain.

Talk it over

Talk to a colleague and write down reasons why you think there is so much unrelieved pain.

Write

Ring the percentage closest to the correct amount of distressing pain in the following conditions.

Cancer = 10% 30% 60% 80% Motor neurone disease = 10% 30% 60% 80%
 COPD = 10% 30% 60% 80% End-stage cardiac disease = 10% 30% 60% 80%

Most people have seen or treated acute pain (eg. any injury), but many people have much less experience of persistent, long-term pain.

Write

What are the differences between acute and chronic pain for the patient and carer?

	Acute pain (eg. fracture)	Chronic pain (eg. neuralgia)
Patient		
Carer		

FURTHER ACTIVITY: What is pain?

Think back to a pain you have experienced, how would you describe it in a letter to a friend?

FURTHER READING: What is pain?

Journal articles and book chapters

Davies J, McVicar A. Issues in effective pain control. 1: Assessment and education. *International Journal of Palliative Nursing*. 2000; **6**(2): 58-65.

Davies J, McVicar A. Issues in effective pain control. 2: From assessment to management. *International Journal of Palliative Nursing*. 2000; **6**(4):162-9.

Knudsen AK. *Et al.* Classification of pain in cancer patients--a systematic literature review. *Palliative Medicine*. 2009; **23**(4): 295-308.

Mayer DM, Torma L, Byock I, Norris K. Speaking the language of pain. *American Journal of Nursing*. 2001; **101**(2): 44-9.

Twycross R, Wilcock A, Stark Toller C. Pain relief. In *Symptom Management in Advanced Cancer, 4th ed.* Nottingham: palliativedrugs.com, 2009. pp. 13–59.

Vachon M. The emotional problems of the patient in palliative medicine. In, Hanks G, Cherney NI, Christakis NA, Fallon M, Kaasa S, Portenoy RK. *The Oxford Textbook of Palliative Medicine, 4th ed.* Oxford University Press, 2009.

Further resources

A Guide to Symptom Relief in Palliative Care, 6th ed. Regnard C, Dean M. Oxford: Radcliffe Medical Press, 2010

e-lfh: e-Learning for Healthcare contains a range of online self-learning programmes, including several relating to end-of-life care (e-elca). Registration is required but is free. <http://www.e-lfh.org.uk/projects/e-elca/index.html>

Oxford Textbook of Palliative Medicine 4th ed. Hanks G, Cherny NI, Christakis NA, Fallon M, Kaasa S, Portenoy RK. eds. Oxford : Oxford University Press, 2010.

Oxford Textbook of Palliative Care for Children. Ann Goldman, Richard Hain, Stephen Liben, eds. Oxford : Oxford University Press, 2006.

Paediatric Palliative Medicine, Hain R, Jassal SS. Oxford University Press, 2010.

PCF4- Palliative Care Formulary, 4th ed. Twycross RG, Wilcock A. www.palliativebooks.com

Symptom Management in Advanced Cancer, 4th edition. Twycross RG, Wilcock A, Stark-Toller C. Oxford: Radcliffe Press, 2009

Wall and Melzack's Textbook of pain, 5th ed. McMahon SB, Koltzenburg M, eds. Edinburgh : Elsevier Churchill Livingstone, 2005.



Current Learning in Palliative care
An accessible learning programme for health care professionals

15 minute worksheets are available on:

- An introduction to palliative care
- Helping the patient with pain
- Helping the patient with symptoms other than pain
- Moving the ill patient
- Psychological and spiritual needs
- Helping patients with reduced hydration and nutrition
- Procedures in palliative care
- Planning care in advance
- Understanding and helping the person with learning disabilities
- The last hours and days
- Bereavement

Available online on
www.clip.org.uk